ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	W.A		08/20/01	
O.I.P.E. CLASSIFIER	ma		9/8/01	
FORMALITY REVIEW	Azid	670	9-28-01	
RESPONSE FORMALITY REVIEW	Atto AH	917	18-04-01	

INDEX OF CLAIMS

•	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	A	Appeal
	Bestricted		Objected

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Claim	Date	Ctaim	Date	Claim	Date				
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6 7		56		106					
7 6		57		107					
8 6		58	4444	108					
10		59	+++++	109	14444				
10		61	++++	111					
12		62	 	112	 				
13	++++	63	++++	113	 				
14	11111	64		114	 				
15		65		115					
18		66		116					
17		67	+++++	117					
18		68	++++-	118					
20 50		70	++++-	119					
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23	+++++	73	 	123	///////				
24	++++	74	 	124	 				
25	11111	75		125	 				
26		76		126					
27		77		127					
28		78	++++++	128	+++++				
29		79	++++++++++++++++++++++++++++++++++++	129					
31		81	++++++	131	 				
32	++++++++++++++++++++++++++++++++++++	82	++++	. 132	 				
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43	++++	93		143					
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45		95		145					
46	4444	96	┾┼┼┼┼┤	146	 				
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49		99	╎╎╎┼ ┤╎	149	┞┼┼┼┼┼				
50	++++	100	+++++	150					

If more than 150 claims or 10 actions staple additional sheet here

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